

**EXHIBIT "1"**

a Control number 000069 4FZ		OMB No. 1545-0008 4FZ		300 000069	
b Employer identification number 11-3484710		1 Wages, tips, other compensation 92820.21		2 Federal income tax withheld 19441.35	
c Employer's name, address, and ZIP code MCQUAY NEW YORK LLC 43-24 21 STREET LONG ISLAND CITY NY 11101		3 Social security wages 87900.00		4 Social security tax withheld 5449.80	
		5 Medicare wages and tips 94190.18		6 Medicare tax withheld 1365.76	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 153-64-3181		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TODD MICHAEL KORTE 400 E 55TH ST #7G NEW YORK NY 10022		11 Nonqualified plans		12a See instructions for box 12 D 1369.97	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other 31.20 NY SDI		12c	
				12d	
f Employee's address and ZIP code		16 State wages, tips, etc. 92820.21		17 State income tax 5449.54	
15 State Employer's state ID number NY 11-3484710		18 Local wages, tips, etc. 92820.21		19 Local income tax 3210.93	
				20 Locality name NYC RES	

Form **W-2** Wage and Tax Statement  
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2004

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# 2005

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a Control number 000063 4FZ		-Void <input type="checkbox"/>		OMB No. 1545-0008 4FZ		300		000063	
b Employer identification number 11-3484710				1 Wages, tips, other compensation 127300.97		2 Federal income tax withheld 25945.91			
c Employer's name, address, and ZIP code MCQUAY NEW YORK LLC 43-24 21 STREET LONG ISLAND CITY NY 11101				3 Social security wages 87900.00		4 Social security tax withheld 5449.80			
				5 Medicare wages and tips 138550.97		6 Medicare tax withheld 2008.99			
				7 Social security tips		8 Allocated tips			
d Employee's social security number 136-48-1287				9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial DONALD S 200 W 58TH ST #10D NEW YORK NY 10019 Last name HEIMSTAEDT				11 Nonqualified plans		12a See instructions for box 12 D 11250.00			
				13 Statutory employee <input type="checkbox"/> Household employee <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b <input type="checkbox"/>			
				14 Other 31.20 NY SDI		12c <input type="checkbox"/>			
						12d <input type="checkbox"/>			
f Employee's address and ZIP code				15 State Employer's state ID number NY 11-3484710		16 State wages, tips, etc. 127300.97		17 State income tax 7858.72	
				18 Local wages, tips, etc. 127300.97		19 Local income tax 4143.32		20 Locality name NYC RES	

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a Control number <b>000063 4FZ</b>		Void <input type="checkbox"/>		OMB No. 1545-0008 <b>4FZ</b>		<b>300</b>		<b>000063</b>	
b Employer identification number (EIN) <b>11-3484710</b>				1 Wages, tips, other compensation <b>233430.03</b>		2 Federal income tax withheld <b>53185.25</b>			
c Employer's name, address, and ZIP code <b>MCQUAY NEW YORK LLC 43-24 21 STREET LONG ISLAND CITY NY 11101</b>				3 Social security wages <b>90000.00</b>		4 Social security tax withheld <b>5580.00</b>			
				5 Medicare wages and tips <b>244211.28</b>		6 Medicare tax withheld <b>3541.06</b>			
				7 Social security tips		8 Allocated tips			
d Employee's social security number <b>136-48-1287</b>				9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial Last name <b>DONALD S HEIMSTAEDT 200 W 58TH ST #10D NEW YORK NY 10019</b>				11 Nonqualified plans		12a See instructions for box 12 <b>D 10781.25</b>			
				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b			
				14 Other <b>41.60 NY SDI</b>		12c			
						12d			
f Employee's address and ZIP code				15 State Employer's state ID number <b>NY 11-3484710</b>		16 State wages, tips, etc. <b>233430.03</b>		17 State income tax <b>15429.19</b>	
				18 Local wages, tips, etc. <b>233430.03</b>		19 Local income tax <b>7746.11</b>		20 Locality name <b>NYC RES</b>	

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